

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

831

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLYPostmark Date: 1-26-01

L. Supp
 ✓ # 8-798
 \$10.00
 RS

1010377

1. NAME: Last Scott First Lorenzo MI A.

2. BUSINESS PHONE: _____

3. BUSINESS ADDRESS: _____
 Street and No. _____ City _____ State _____ Zip _____

MAILING ADDRESS: _____
 Street and No. _____ City _____ State _____ Zip _____

4. EMPLOYER: _____

5. EMPLOYER'S ADDRESS: _____
 Street and No. _____ City _____ State _____ Zip _____

6. Have you ceased or terminated all lobbying activities requiring registration? Yes No _____

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Louisiana AFL-CIO
 Address 429 Government St., Baton Rouge, LA 70802

Business or purpose Labor Organization

New Representation
 Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of 1-22-01

SUPPLEMENTAL REGISTRATION FORM

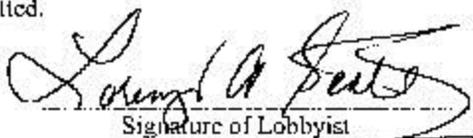
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2. Name _____
 Address _____
 Business or purpose _____
 New Representation
 Does this person pay you? _____
 If No, who pays you? _____
 Terminated Representation as of _____

3. Name _____
 Address _____
 Business or purpose _____
 New Representation
 Does this person pay you? _____
 If No, who pays you? _____
 Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


 Signature of Lobbyist